

Original Copy

ORIGINAL (Rev. 5/05)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE(1) Richard C. Hunt #274714
(Name of Plaintiff) (Inmate Number)1181 Paddock Rd. Smyrna, DE 19977
(Complete Address with zip code)(2) _____
(Name of Plaintiff) (Inmate Number)

06-324

(Case Number)
(to be assigned by U.S. District Court)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

CIVIL COMPLAINT

(1) Brian Emig(2) C/O D Angelo(3) _____
(Names of Defendants)(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

Jury Trial Requested

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2006 MAY 18 PM 4:17

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

CA 04-1349 - (KAJ)	10/20/04
CA 04 1357 - (KAJ)	10/20/04
CA 04 1417 - (KAJ)	11/10/04

All inquiries to 573-6663

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ~~Yes~~ • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ~~Yes~~ • • No

C. If your answer to "B" is Yes:

1. What steps did you take? Request for investigation to be conducted, No reply on results
2. What was the result? N/A See Exhibit A-1-2-3

D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: Brian Emig

Employed as Correctional Officer at Young Correctional

Mailing address with zip code: 1301 E. 12th Street
Wilmington, DE 19801

(2) Name of second defendant: Correctional Officer D Angelo

Employed as Corrections Officer at Young Correctional

Mailing address with zip code: 1301 E. 12th Street
Wilmington, DE 19801

(3) Name of third defendant: _____

Employed as _____ at _____

Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. On 9/17/04 Correctional Officer's Brian Emig and Danilo, were doing a nightly security check of the cells. I was told to step by the front door until he (Emig) was finish with inspection. At that time inmate workers that clean at night also get other inmates hot water. My bowl was taken and filled. Upon leaving the cell C/O Emig exchanged words about getting the water. I was told to step and as I turned to step back and C/O Emig hit me in the jaw. He then shouted for me to never get in his "face".

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Expenses for possible surgery
The value of what cannot be
restored (pain & suffering)

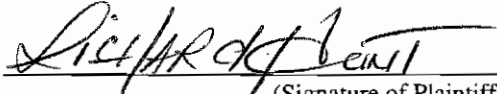
2. What it would reasonably take
to get me back to the condition
I was in before the injury

See Ex. B-3

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16 day of MAY, 2006.


(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

At the time of the incident that is the subject of this suit, ~~Petitioner~~ Plaintiff Richard Hunt was an inmate at the Howard R. Young Correctional Institution in Wilmington, Delaware.

Brian Emig, D anglo, were corrections officers on the "snake down" safety team. On September 17th 2004 between 9:50 and 10:00 pm, C/O Emig entered Plaintiff's cell and told him to step to the front of the cell by the door.

While C/O Emig was checking the window inmate Hunt received hot water from one of the "worker inmates" (that clean-up at night and get water for inmates).

As C/O Emig was walking out of the cell words were exchanged between him and inmate Hunt. C/O Emig ordered inmate Hunt to step back and away from the door.

As inmate Hunt turned, C/O Emig punched him in the face and inmate Hunt fell to the floor. C/O D anglo rushed to the door and I ask C/O Emig why he hit me?'

C/O Emig's reply was "Don't ever get in his face again" He then shut the door and left,

Certificate of Service

I, Richard C. Hunt, hereby certify that I have served a true
and correct cop(ies) of the attached: 42 U.S.C. § 1983
Civil Rights form upon the following
parties/person (s):

TO: Clerk
U.S. District Court
Lock box 18
844 King Street
Wilmington, DE 19801

TO: _____

TO: _____

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

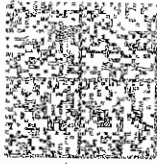
On this 16 day of May, 2006
Richard C. Hunt

IM Richard Hunt
SBI# 274774 UNIT 23 AL #2

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977



UNITED STATES POSTAGE
0034608973
\$04.20
MAILED FROM ZIP CODE 19977



Office of the Clerk
U.S. District Court
Lock Box 18
844 King Street
Wilmington, Delaware
19801

"LEGAL MAIL" "LEGAL MAIL"

FORM #584

GRIEVANCE FORM

FACILITY: H.V.C.F.DATE: SEPT. 17. 04GRIEVANT'S NAME: Richard HuntSBI#: 214114

CASE#: _____

TIME OF INCIDENT: IN BETWEEN 9:30 pm and 10:0HOUSING UNIT: 2A #11

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I I/M R. HUNT WAS ASSAULTED BY C/O EMIT WHILE PC'D 2A#
 214114 BEING SEARCHED. I WAS TOLD TO STEP TO THE FRONT OF THE
 ROOM BY DOOR THERE WERE SOME WORDS EXCHANGED BETWEEN
 ME I/M HUNT AND C/O EMIT ABOUT ME RECEIVING HOT WATER IN
 WHICH I WAS ABOUT TO GET FROM STAFF THE TIER MEN WERE
 PASSING IT OUT PLUS CLEANING TIER THEN C/O EMIT TOLD ME
 TO BACK AWAY FROM DOOR I TURNED RIGHT TO LOOK AT MY
 CELLY BAMM C/O EMIT PUNCHED ME IN THE LEFT SIDE OF MY
 JAW I FELL BACK ON THE MATTRESS ON THE FLOOR AND ASK WHY
 YOU HIT ME HE SAID "I BETTER NOT GET INTO HIS FACE AGAIN" OTHER
 GUARDS CAME TO HIS SIDE WAITING FOR ME TO REACT BUT I LAYED THERE UNTIL THEY LEFT
 ACTION REQUESTED BY GRIEVANT: THE TIER HE DIDNT CALL NO CODE NOTHING.

GRIEVANT'S SIGNATURE: [Signature]DATE: SEPT. 17. 04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

EX AT A-1



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: Richard Hunt, 274714
Infirmary

FROM: Warden Raphael Williams *[Signature]*

DATE: September 29, 2004

SUBJ: **YOUR RECENT CORRESPONDENCE**

Your recent correspondence, to the office of the Commissioner, has been forwarded to this office for response and/or corrective action. Your allegations are under investigation.

RW:ad

DISTRIBUTION

File

EX A-2

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Richard Hunt Inf.
FROM: Sgt. Moody, Inmate Grievance Chairperson
DATE: 10-5-04
RE: YOUR RECENT GRIEVANCE #04- 7334

This memo is to inform you that the grievance submitted by you dated 9-7-04, regarding
Assaulted by C/O Emig is not grievable for the following reason(s):

- ☐ The complaint was addressed by the IGC: _____.
- ☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).
- ☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment).
Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.
- ☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the hearing decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form.
- ☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.
- ☒ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is: Captain Jefferson
- ☐ This is an issue/complaint that has already been grieved by you or another inmate. _____.
- ☐ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.
- ☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.
- ☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

DELAWARE DEPARTMENT OF CORRECTIONS

REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I. (GANDER HILL)

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Richard Hunt 2A #11
Name (Print) **Housing Location**
11/3/79 274414 SEPT. 18. 04
Date of Birth **SBI Number** **Date Submitted**

Complaint (What type of problem are you having) I WAS PUNCHED IN THE LEFT
SIDE OF MY JAW I CAN'T CHEW ANYTHING IT HURTS
PLUS IT'S SWOLLEN MY TOOTH BROKE IT FEELS LIKE A piece
IS IN MY GUM.

Richard Hunt SEPT. 18. 04
Inmate Signature **Date**

The below area is for medical use only. Please do not write any further

S: _____

O: Temp: _____ **Pulse:** _____ **Resp:** _____ **B/P:** _____ **WT:** _____

A: _____

P: _____

E: _____

Provider Signature and Title **Date** **Time**

FORM #584

GRIEVANCE FORM

FACILITY: HL7CIDATE: 10/14/04GRIEVANT'S NAME: Richard HuntSBI#: 244414

CASE#: _____

TIME OF INCIDENT: 10:20 2:28HOUSING UNIT: (INF) 203

First time Second time

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

2. I WAS IN THE PROCESS OF DOING MY LEGAL WORK and I heard someone say my name I got up and went to my cell door #203 and I got and saw C/O Emig standing there I saw and I turned around and went back to my bed. Me Richard Hunt said nothing.

1. Early around 10:20 C/O Emig came in the infirmary sat in module and stared at me with a mean face me I/M Richard Hunt said nothing...

OCT. 30.04 I received my sinker tray from C/O Emig plus received dirty socks

Sat. close he was on Rover unit in around 3:30 + 6:20 OCT 31. SUNDAY AROUND 3:00 + ACTION REQUESTED BY GRIEVANT: I was washing my face standing at my sink of (INF) 203 C/O Lee came by and said what's up how you doing then I notice C/O Brian Emig in back of him laughing at me calling me a faggot and clown I instantly went straight to write his remarks down with other appearances incidents I have written times and dates

GRIEVANT'S SIGNATURE: Richard HuntDATE: 10/14/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

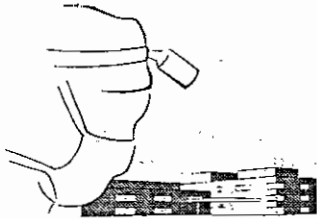
(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT



THE CHRISTIANA CENTER FOR ORAL & MAXILLOFACIAL SURGERY, P.A.

EUGENE M. D'AMICO III, D.D.S.

Diplomate American Board of Oral & Maxillofacial Surgery

Newark (302) 292-1600

Middletown (302) 376-3700

Richard Hunt

INFORMED CONSENT FOR ORAL SURGERY AND ANESTHESIA

(Please initial all blanks after you have read each section and sign at the end)

This is my consent for Dr. D'Amico and/or any oral and maxillofacial surgeon who is working with him to perform the following treatment/procedure/surgery:

Lower reduction fasciectomy jaw general ones

as previously explained to me, or other procedures deemed necessary or advisable as necessary to complete the planned operation. *DAH*

I understand that the purpose of the procedure/surgery is to treat and possibly correct my diseased oral/maxillofacial tissues. The doctor has advised me that if this condition persists without treatment or surgery, my present oral condition will probably worsen in time, and the risks to my health may include, but are not limited to, the following: swelling; pain; infection; cyst formation; periodontal (gum) disease; dental caries; malocclusion; pathologic fracture of jaw; premature loss of teeth; and/or premature loss of bone. I have been informed of possible alternative methods of treatment, if any. *DAH*

Dr. D'Amico has explained to me that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include, but are not limited to:

1. ☒ Postoperative discomfort and swelling that may necessitate several days of home recuperation.
2. ☒ Heavy bleeding that may be prolonged.
3. ☒ Injury to adjacent teeth and fillings.
4. ☒ Postoperative infection requiring additional treatment or hospitalization.
5. ☒ Stretching of the corners of the mouth with resultant cracking and bruising.
6. ☒ Restricted mouth opening for several days or weeks.
7. ☒ ~~Decision to leave a small piece of root in the jaw when its removal would require extensive surgery.~~
8. ☒ Breakage of the jaw.
9. ☒ Injury to the nerve underlying the teeth resulting in numbness or tingling of the lip, chin, gums, cheek, teeth and/or tongue on the operated side this may persist for several weeks, months or in remote instances, permanently.
10. ☒ ~~Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery in the upper jaw.~~
11. ☒ Irritation at the IV site or veins.
12. ☒ Other. *possible need for more surgery*

I agree and understand I am not to have and/or have had anything to eat or drink for eight (8) hours before my surgery. *DAH*

I consent to administration of such local and/or general anesthesia as deemed necessary by Dr. D'Amico and/or his designated assistants to accomplish the proposed procedure. *DAH*

Ex B-3

(continued on back)

Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile or hazardous devices, or work, while taking such medications and/or drugs; or until fully recovered from the effects of same. I understand and agree not to operate any vehicle or hazardous device for at least twenty-four (24) hours after my release from surgery or until further recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office or hospital for my care. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery. RCH

I understand that certain anesthetic risks, which could involve serious bodily injury, are inherent in any procedure that requires a general anesthetic. RCH

If any unforeseen condition should arise in the course of the operation, calling for the doctor's judgment or for procedures in addition to or different from those now contemplated, I request and authorize the doctor to do whatever he may deem advisable. RCH

No guarantee or assurance has been given to me that the proposed treatment will be curative and/ or successful to my complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective re-treatment, or worsening of my present condition despite the care provided. However, it is the doctor's opinion that therapy would be helpful, and that a worsening of my condition would occur sooner without the recommended treatment. RCH

I have had an opportunity to discuss with Dr. D'Amico my past medical and health history including any serious problems and/or injuries. RCH

I agree to cooperate completely with Dr. D'Amico while I am under his care, realizing that any lack of same could result in less than optimum result. RCH

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE OPERATION AND EXPLANATION REFERRED TO OR MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED. I ALSO STATE THAT I READ AND WRITE ENGLISH.

Richard Hunt
PATIENT, PARENT OR GUARDIAN

10.18.04
DATE

[Signature]
DOCTOR

10/18/04
DATE

[Signature]
WITNESS

10/18/04
DATE

Richard Hunt
2A #11

DATE: SEPT. 17, 04

Sgt 2M4714

TIME OF INCIDENT 9:50 - 10:00

I I/M R. Hunt WAS ASSAULTED BY C/O EMIT
WHILE POD 2A WAS BEING SEARCHED I WAS TOLD TO STEP
TO THE FRONT OF THE ROOM BY DOOR THERE WERE
SOME WORDS EXCHANGED BETWEEN ME I/M AND C/O EMIT
ABOUT ME RECEIVING HOT WATER IN WHICH I WAS
ABOUT TO GET FROM STAFF THE TIER MEN WERE PASSING
IT OUT PLUS CLEANING TIER THEN C/O EMIT TOLD ME
TO BACK AWAY FROM DOOR I TURNED RIGHT TO LOOK AT
MY CELL MATE BAMM C/O EMIT PUNCHED ME IN THE
LEFT SIDE OF MY JAW I FELT BACK ON THE MATTRESS
ON THE FLOOR AND ASK C/O EMIT WHY YOU HIT ME HE
SAID "I BETTER NOT GET INTO HIS FACE AGAIN" OTHER
GUARDS CAME TO HIS SIDE WAITING FOR ME TO REACT
BUT I LAYED THERE UNTIL THEY LEFT THE TIER HE
DIDNT CALL ANY CODE NOTHING.

WITNESSES:

1 Cristian Jesus S. C. 2A2 TIERMAN
2A #10 Lela McKenzie
2A #8 Haywood Johnson
2A #9 Robert Garrett
2A #4 BRIAN GARRETT
2A #7 Stephan Mason TIERMAN
2A #22 Norman Reed C-1

1. What is the purpose of the study?
 2. What are the research questions or hypotheses?
 3. What is the significance of the study?
 4. What are the limitations of the study?
 5. What are the conclusions and recommendations?

[illegible]

DATE: 12/11/2011
TIME: 12:00 PM
SHEET: 36 of 37